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<b>From:</b>	Patrick J.S. Inouye, Esq. <i>PI</i>	<b>Date:</b>	April 28, 2005
	U.S. Patent Application		
<b>Re:</b>	Serial No. 09/448,088	<b>Pages:</b>	___ (including cover sheet)
<b>CC:</b>			
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1. USPTO Transmittal Form
2. Notice of Appeal
3. Notice of Appeal Fee (Per 37 CFR 41.20, only increase in appeal fee is due): \$170.00
4. Petition of Extension of Time (One-month)
5. Extension of Time Fee: \$120.00
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PTO/SB/21 (09-04)

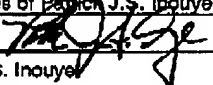
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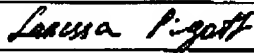
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/448,088
	Filing Date	November 23, 1999
	First Named Inventor	Richley, Edward A.
	Art Unit	2876
	Examiner Name	Uyen Chau N. Le
Total Number of Pages In This Submission	Attorney Docket Number	D/98568

ENCLOSURES <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Offices of Patrick J.S. Inouye		
Signature			
Printed name	Patrick J.S. Inouye		
Date	April 28, 2005	Reg. No.	40297

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Larissa V. Pigott	Date	April 28, 2005

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PTO/SB/17 (12-04)

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 09/448,088 Filing Date November 23, 1999 First Named Inventor Richley, et al. Examiner Name Uyen Chau N. Le Art Unit 2876 Attorney Docket No. D/98588	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>250.00</b>			

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
0 - 20 or HP = 0	x	\$50.00 = \$ 0.00
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
0 - 3 or HP = 0	x	\$200.00 = \$ 0.00
HP = highest number of independent claims paid for, if greater than 3		

Multiple Dependent Claims Fee (\$)

Fee Paid (\$)

\$360.00

Fee Paid (\$)

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**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 40297	Telephone (206) 381-3900
Name (Print/Type)	Patrick J.S. Inoue	Date	April 28, 2005

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